Under the Paperwork Reduction Act of 1995. no.  RADEMARY  TRANSMITTAL  FORM  (to be used for all correspondence after initial filling)	Persons are required to respond to a collection of the collection	Approved for use through 07/31/2006. OMB 0651-0031 t and Trademark Office; U.S. DEPARTMENT OF COMMERCE in of information unless it displays a valid OMB control number. //858,37615-2001 dmann, William G.
Total Number of Pages in This Submission 70	ENCLOSURES (Check all that	II-001
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)  Landscape Table on CD	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):
Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks The attached Amendment A is a prelimin	

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William G. Redmann, Applicant

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Effective on 10/01/2004. Patent fees are subject to annual revision.	Complete if Known	
	Application Number	09/858,376
/ FEE MANSMII IAL	Filing Date	15 May 2001
FEE TRANSMITTAL	First Named Inventor	Redmann, William G.
12 07	Examiner Name	Van Doren, Beth
X Applicant claims mall entity status. See 37 CFR 1.27	Art Unit	3623
TOTAL AMOUNT OF PAYMENT (\$) 1743	Attorney Docket No.	UNI-001

METHOD OF PAYN	И <b>ENT</b> (ch	eck all that a	pply)	FEE CALCULATION (continued)
	redit Caro		oney Order	2. EXTRA CLAIM FEES Small Entite  Fee Description Fee (\$) Fee (\$)
Deposit Account		No	ne	Each claim over 20 18 9 Each independent claim over 3 88 44
Deposit Account Number				Multiple dependent claims 300 150 For Reissues, each claim over 20 and
Deposit Account Name				more than in the original patent 18 9 For Reissues, each independent claim
The Director is hereb	y authorize	ed to: (check al	I that apply)	more than in the original patent 88 44  Total Claims Extra Claims Fee (\$) Fee Paid (\$)
X Charge fee(s) i				HP = highest number of total claims paid for, if greater than 20
	ditional fe	e(s) or underpa	or the filing fee yments of fee(s)	Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  6 -3 or HP = 3 x 44 = 132  HP = highest number of independent claims paid for, if greater than 3
Credit any ove	rpayments	i	·	Multiple Dependent Claims Fee (\$) Fee Paid (\$)
to the above-identifie	ed deposit	account.		Subtotal (2) \$1563_
Other (please identif	fy):			3. OTHER FEES <u>Small Entity</u>
WARNING: Information on information should not be information and authorizat	included o	n this form. Pro	blic. Credit card vide credit card	Fee Description Fee (\$) Fee (\$) Fee Paid(\$)  1-month extension of time 110 55
FEE CA	ALCULA	TION		2-month extension of time 430 215
1. BASIC FILING FEE				3-month extension of time 980 490
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid(\$)	4-month extension of time 1,530 765  5-month extension of time 2,080 1,040
Utility Filing Fee	790	395		Information disclosure stmt. fee 180 180180
Design Filing Fee	350	175		37 CFR 1.17(q) processing fee       50       50         Non-English specification       130       130
Plant Filing Fee	550	275		Notice of Appeal 340 170
Reissue Filing Fee	790	395		Filing a brief in support of appeal 340 170
Provisional Filing Fee	160	80		Request for oral hearing         300         150           Other:
	Subto	tal (1) \$	0	Subtotal (3) \$180

SUBMITTED BY			
Signature	Wh S. Red	Registration No. (Attorney/Agent)	Telephone 818-415-2316
Name (Print/Type)	William G. Redmann		Date 11/24/2004

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